

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	09/937302	FILING DATE
APPLICANT(S)		

6/1/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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49						
50						
TOTAL IND.				3		
TOTAL DEP.				18		
TOTAL CLAIMS				71		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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